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ANNUAL AUDITED REPORT FORM X-17A-5

PART III



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SECURI

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SECURITIES AND EXCHANGE COMMISSION RECEIVED

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BRANCH OF REGISTRATIONS

FACING PAGE EXAMINATIONS

a Required of Brokers and Dealers Pursuant to Section 17 of the Securities Exchange Act of 1934 and Rule 17a-5 Thereunder

REPORT FOR THE PERIOD BEGINNIN	IG 01/01/04	AND ENDING_	12/31/04
REPORTION THE PERIOD DEGISTRA	MM/DD/YY		MM/DD/YY
A. I	REGISTRANT IDENT	FICATION	
NAME OF BROKER-DEALER: 1st	Discount Brokerage	, Inc.	OFFICIAL USE ONLY
ADDRESS OF PRINCIPAL PLACE OF I	BUSINESS: (Do not use P.	O. Box No.)	FIRM I.D. NO.
515 No. Flagler	Drive, Suite 703		
	(No. and Street)		
West Palm Beach	h, Florida 33401	<u></u>	
(City)	(State)		(Zip Code)
NAME AND TELEPHONE NUMBER OF William H. Corle	F PERSON TO CONTACT	IN REGARD TO THIS I	REPORT 561-515-3200
			(Area Code - Telephone Number
В. А	CCOUNTANT IDENT	IFICATION	
INDEPENDENT PUBLIC ACCOUNTAN Stephen R. Ro	IT whose opinion is contain toff, CPA, P. A.	ed in this Report*	
	(Name - If individual, state !	ast, sirst, middle name)	
940 Centre Circle, Suite 20	005, Altamonte Spri	ngs, FL	407-7.74-2044
(Address)	(City)	(State)	(Zip Code)
CHECK ONE:		F7	PROCESSED
Certified Public Accountant	'	\mathcal{N}	JUN 1 5 200%
☐ Public Accountant		V	
Accountant not resident in U	United States or any of its p	ossessions.	THOMSON FINANCIAL
	FOR OFFICIAL USE	ONLY	

*Claims for exemption from the requirement that the annual report be covered by the opinion of an independent public accountant must be supported by a statement of facts and circumstances relied on as the basis for the exemption. See Section 240.17a-5(e)(2)

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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REPORT FOR THE PERIOD BEGINNING 01/01/04	AND ENDING	12/31/04
MM/DD.	YY	MM/DD/YY
A. REGISTRANT IDE	NTIFICATION	
NAME OF BROKER-DEALER: 1st Discount Broker	age, Inc.	OFFICIAL USE ONLY
ADDRESS OF PRINCIPAL PLACE OF BUSINESS: (Do not u	se P.O. Box No.)	FIRM I.D. NO.
515 No. Flagler Drive, Suite 7	03	
(No. and S	itreet)	
West Palm Beach, Florida 33401		
(City) (S	tate)	(Zip Code)
NAME AND TELEPHONE NUMBER OF PERSON TO CONT. William H. Corley, Jr.	ACT IN REGARD TO THIS	REPORT 561-515-3200
		(Area Code - Telephone Number
B. ACCOUNTANT IDI	ENTIFICATION	
INDEPENDENT PUBLIC ACCOUNTANT whose opinion is co Stephen R. Rotoff, CPA, P.	A . v	1
	state last, first, middle name)	-14
940 Centre Circle, Suite 2005, Altamonte	Springs, FL	407-774-2044
(Address) (City)	(State	e) (Zip Code)
CHECK ONE:	ing in the state of the state o	and a control of the book of the
Cartified Public Accountant		
☐ Public Accountant		
Accountant not resident in United States or any of	its possessions.	
FOR OFFICIAL	USE ONLY	

^{*}Claims for exemption from the requirement that the annual report be covered by the opinion of an independent public accountant must be supported by a statement of facts and circumstances relied on as the basis for the exemption. See Section 240.17a-5(e)(2)